

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|--------|----------|
| FEE DETERMINATION | | | |
| OFFICE CLASSIFIER | | 4/13 | 4/19/01 |
| FORMALITY REVIEW | <i>pu</i> | 1019 | 05-24-01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|----------------|------|
| Final Original | |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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